

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hahn Janice RECVD BY 1 APR 29 PM 12:04

1. Office, Agency, or Court

Agency Name

Los Angeles City Council

Division, Board, Department, District, if applicable

District 15

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: See attached.

Position: See attached.

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☒ Multi-County See attached.

☐ County of

☒ City of Los Angeles

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_ Office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

4/1/11  
(month, day, year)

Signature

**Janice Hahn**  
**Form 700**  
**Cover Page Attachment**

**SECTION 1: OFFICE, AGENCY, OR COURT**

**Name:** Southern California Association of Governments  
**Position:** Boardmember

**Name:** Alameda Corridor Transportation Authority  
**Position:** Boardmember

**Name:** South Bay Cities Council of Governments  
**Position:** Boardmember

**Name:** Municipal Area Express Policy Steering Committee  
**Position:** Member

**SECTION 2: JURISDICTION OF OFFICE**

**Multi-County:** Imperial, Los Angeles, Orange, Ventura, Riverside & San Bernardino

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Janice Hahn
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▶ NAME OF SOURCE  
See attached.

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: \_\_\_\_\_

**Schedule D  
Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

**Name**

Janice Hahn

NAME OF SOURCE	ADDRESS OF SOURCE (Business/Address Acceptable)	ZIP CODE	BUSINESS/ACTIVITY IF ANY OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Central City Association	626 Wilshire Blvd., Ste. 200 Los Angeles, CA	90017	N/A	04/08/10	\$50.00	Event Ticket (1)
SA Recycling	3200 E. Frontera St. Anaheim, CA	92806	Metal Recycler/Processor	04/13/10	\$70.00	Baseball Ticket (1)
Los Angeles Dodgers	9420 Wilshire Blvd., Ste. 300 Beverly Hills, CA	90212	Major League Baseball	08/18/10	\$100.00	Baseball Ticket (2)
Dalmatian-American Club of San Pedro	1639 S. Palos Verdes St. San Pedro, CA	90731	N/A	09/25/10	\$100.00	Event Ticket (1)
Port of Los Angeles	425 S. Palos Verdes St. San Pedro, CA	90731	N/A	09/26/10	\$108.00	Event Tickets (12)
University of Southern California	University of Southern California Los Angeles, CA	90089	N/A	10/14/10	\$95.00	Dinner
Harbor Association of Industry and Commerce	P.O. Box 4250 Sunland, CA	91041	N/A	11/18/10	\$50.00	Event Ticket (1)
Tashiro Japanese Restaurant	29050 S. Western Ave. Ste. 112 Rancho Palos Verdes, CA	90275	Restaurant	12/15/10	\$50.00	Gift Cards (2)
Johnny Yutronich	205 S. Broadway, Ste. 508 Los Angeles, CA	90012	N/A	12/16/10	\$50.00	Gift Basket

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Janice Hahn

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

<p>► NAME OF SOURCE <u>LA Inc./Los Angeles Convention &amp; Visitors Bureau</u></p> <p>ADDRESS (Business Address Acceptable) <u>333 S. Hope St., 18th Fl.</u></p> <p>CITY AND STATE <u>Los Angeles, CA 90071</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Tourism</u></p> <p>DATE(S): <u>09/18/10</u> - <u>09/20/10</u> AMT: \$ <u>633.27</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Lodging &amp; meals in connection with a speaking engagement</u></p>	<p>► NAME OF SOURCE <u>Los Angeles World Airports</u></p> <p>ADDRESS (Business Address Acceptable) <u>1 World Way</u></p> <p>CITY AND STATE <u>Los Angeles, CA 90045</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Air Transportation</u></p> <p>DATE(S): <u>09/18/10</u> - <u>09/20/10</u> AMT: \$ <u>457.50</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Airfare in connection with a speaking engagement</u></p>
<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: Please see attached.